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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*ND NE*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 11	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>DAT</i> Verifier and Acknowledged <i>██████████</i> Examiner's Signature <i>██████████</i> Initials				

**ADDRESS**

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**TITLE**

Post despreading interpolation in CDMA systems

<b>FILING FEE RECEIVED</b> 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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